FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033159

Facility Name: Clinton Manor Living Center

Address: 111 East Illinois (Number) New Baden (City) 62265 (Zip Code)

County: Clinton

Telephone Number: 618-588-4924 **Fax #** ( )

IDPA ID Number: 371224393001

Date of Initial License for Current Owners: 01/01/88

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[X]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: James G. Hull **Telephone Number:** 217-228-1950

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2003 to 12/31/2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) James G. Hull, Vice President
(Firm Name & Address) WDM Computer Services, Inc., 1900 Harrison, Quincy, IL 62301
(Telephone) 217-228-1950 Fax # 217-222-6053

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	31	Skilled (SNF)	31	11,315	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	50	Intermediate/DD	50	18,250	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	81	TOTALS	81	29,565	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			808	808	8
9	SNF/PED					9
10	ICF	6,298	3,133		9,431	10
11	ICF/DD	17,378			17,378	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	23,676	3,133	808	27,617	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.41%

D. How many bed-hold days during this year were paid by Public Aid?
280 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
Senior Day Care

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 01/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 4 and days of care provided _____

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Clinton Manor Living Center # 0033159 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	149,877	10,744	5,626	166,247		166,247	(185)	166,062			1
2	Food Purchase		134,758		134,758		134,758	(1,285)	133,473			2
3	Housekeeping	94,997	15,105	1,184	111,286		111,286	(383)	110,903			3
4	Laundry	51,831	10,236	207	62,274		62,274		62,274			4
5	Heat and Other Utilities			63,239	63,239		63,239		63,239			5
6	Maintenance	41,947	11,007	58,986	111,940	20	111,960	65	112,025			6
7	Other (specify):*											7
8	**TOTAL General Services**	338,652	181,850	129,242	649,744	20	649,764	(1,788)	647,976			8
	B. Health Care and Programs											
9	Medical Director			4,800	4,800		4,800		4,800			9
10	Nursing and Medical Records	1,288,692	34,282	139,163	1,462,137		1,462,137	(32,655)	1,429,482			10
10a	Therapy			152,209	152,209	(105)	152,104	(2,049)	150,055			10a
11	Activities	20,962	18,835		39,797		39,797		39,797			11
12	Social Services	127,841	201	1,915	129,957	166	130,123	(24,390)	105,733			12
13	Nurse Aide Training		135	322	457		457		457			13
14	Program Transportation	18,776		9,654	28,430	(166)	28,264		28,264			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,456,271	53,453	308,063	1,817,787	(105)	1,817,682	(59,094)	1,758,588			16
	C. General Administration											
17	Administrative	109,798		24,000	133,798		133,798	(50,365)	83,433			17
18	Directors Fees											18
19	Professional Services			92,350	92,350	(20)	92,330	(39,873)	52,457			19
20	Dues, Fees, Subscriptions & Promotions			44,663	44,663	105	44,768	(21,047)	23,721			20
21	Clerical & General Office Expenses	89,109	8,263	26,381	123,753		123,753	42,837	166,590			21
22	Employee Benefits & Payroll Taxes			315,551	315,551		315,551	7,012	322,563			22
23	Inservice Training & Education			2,801	2,801	(421)	2,380		2,380			23
24	Travel and Seminar			6,996	6,996	421	7,417	392	7,809			24
25	Other Admin. Staff Transportation			3,218	3,218		3,218		3,218			25
26	Insurance-Prop.Liab.Malpractice			43,705	43,705		43,705		43,705			26
27	Other (specify):*											27
28	**TOTAL General Administration**	198,907	8,263	559,665	766,835	85	766,920	(61,044)	705,876			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,993,830	243,566	996,970	3,234,366		3,234,366	(121,926)	3,112,440			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Clinton Manor Living Center #0033159 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			90,054	90,054		90,054	(1,522)	88,532			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			82,567	82,567		82,567	(704)	81,863			32
33	Real Estate Taxes			20,571	20,571		20,571		20,571			33
34	Rent-Facility & Grounds							(12,000)	(12,000)			34
35	Rent-Equipment & Vehicles			962	962		962		962			35
36	Other (specify):*			19,976	19,976		19,976	(6,548)	13,428			36
37	**TOTAL Ownership**			214,130	214,130		214,130	(20,774)	193,356			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		40,092	4,903	44,995		44,995		44,995			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		12,673		12,673		12,673		12,673			41
42	Provider Participation Fee			44,347	44,347		44,347		44,347			42
43	Other (specify):* **Misc Exp**			949	949		949		949			43
44	**TOTAL Special Cost Centers**		52,765	50,199	102,964		102,964		102,964			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,993,830	296,331	1,261,299	3,551,460		3,551,460	(142,700)	3,408,760			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$ (4,600)	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,285)	2		4
5	Telephone, TV & Radio in Resident Rooms	(92)	21		5
6	Rented Facility Space	(12,000)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	4	30		9
10	Interest and Other Investment Income	(704)	32		10
11	Discounts, Allowances, Rebates & Refunds	(185)	1		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(430)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(21,458)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,231)	36		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See List Attatched	(82,033)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (125,014)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(17,686)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (17,686)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (142,700)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Clinton Manor Living Center

ID# 0033159

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Bank Fees	$ (1,920)	36	1
2	Amortization of Loan Fees	(1,967)	36	2
3	CSS Labor:Admin Progr.	(24,390)	12	3
4	CSS Labor:Admin Asst.	(21,743)	17	4
5	CSS Labor:Nursing	(28,055)	10	5
6	CSS Labor: Maintenance	(383)	3	6
7	Non-care Related Depreciation	(1,526)	30	7
8	December 2002 Invoices	(1,900)	10a	8
9	December 2002 Invoices	(49)	10a	9
10	December 2002 Invoices	(100)	10a	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(82,033)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Clinton Manor Living Center # 0033159 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(185)	0	0	0	0	0	0	0	0	0	0	(185)	1
2	Food Purchase	(1,285)	0	0	0	0	0	0	0	0	0	0	(1,285)	2
3	Housekeeping	(383)	0	0	0	0	0	0	0	0	0	0	(383)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	65	0	0	0	0	0	0	0	0	65	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,853)	0	65	0	0	0	0	0	0	0	0	(1,788)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(32,655)	0	0	0	0	0	0	0	0	0	0	(32,655)	10
10a	Therapy	(2,049)	0	0	0	0	0	0	0	0	0	0	(2,049)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(24,390)	0	0	0	0	0	0	0	0	0	0	(24,390)	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(59,094)	0	0	0	0	0	0	0	0	0	0	(59,094)	16
	C. General Administration													
17	Administrative	(21,743)	0	(24,625)	(3,997)	0	0	0	0	0	0	0	(50,365)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(40,989)	752	364	0	0	0	0	0	0	0	(39,873)	19
20	Fees, Subscriptions & Promotions	(21,458)	0	411	0	0	0	0	0	0	0	0	(21,047)	20
21	Clerical & General Office Expenses	(92)	0	10,642	32,287	0	0	0	0	0	0	0	42,837	21
22	Employee Benefits & Payroll Taxes	0	0	1,909	5,103	0	0	0	0	0	0	0	7,012	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	392	0	0	0	0	0	0	0	0	392	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(43,293)	(40,989)	(10,519)	33,757	0	0	0	0	0	0	0	(61,044)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(104,240)	(40,989)	(10,454)	33,757	0	0	0	0	0	0	0	(121,926)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Clinton Manor Living Center # 0033159 **Report Period Beginning:** 01/01/2003 **Ending:** 12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(1,522)	0	0	0	0	0	0	0	0	0	0	(1,522)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(704)	0	0	0	0	0	0	0	0	0	0	(704)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(12,000)	0	0	0	0	0	0	0	0	0	0	(12,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(6,548)	0	0	0	0	0	0	0	0	0	0	(6,548)	36
37	**TOTAL Ownership**	(20,774)	0	0	0	0	0	0	0	0	0	0	(20,774)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(125,014)	(40,989)	(10,454)	33,757	0	0	0	0	0	0	0	(142,700)	45

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Michael Brave	25			Brave Inc.	New Baden	Management
Ann Reis	25	Carlyle Healthcare Center	Carlyle	DAR Mngmt	Quincy	Management
		St. Vincent's Home. Inc.	Quincy	Wdm Computer Servi	Quincy	Data Processing
Blain Richard	25	St. Ann's Healthcare Center, Inc.	Chester	RDR Mngmt	Albers	Management
Michael & Gail Greer	25	St. Ann's Healthcare Center, Inc.	Chester	Greer Mngmt	Trenton	Management
		O'Fallon Healthcare Center, Inc.	O'Fallon			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management	$ 24,000	Brave Mangement	0.00%	$ 24,000	$	1
2	V	19	Management	24,000	DAR Management	0.00%		(24,000)	2
3	V	19	Data Processing	16,989	WDM Computer Services, Inc.	0.00%		(16,989)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 64,989			$ 24,000	$ * (40,989)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management	$ 36,000	Greer Management	0.00%	$ 11,375	$ (24,625)	15
16	V	21	Clerical		Greer Management	0.00%	7,499	7,499	16
17	V	21	Office Exp.		Greer Management	0.00%	3,143	3,143	17
18	V	6	Repairs & Maint.		Greer Management	0.00%	65	65	18
19	V	22	Payroll Taxes		Greer Management	0.00%	1,909	1,909	19
20	V	24	Seminar		Greer Management	0.00%	392	392	20
21	V	20	Dues & Subscriptions		Greer Management	0.00%	411	411	21
22	V	19	Professional Fees		Greer Management	0.00%	752	752	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 36,000			$ 25,546	$ * (10,454)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management	$ 36,000	RDR Management	0.00%	$ 32,003	$ (3,997)	15
16	V	21	Clerical		RDR Management	0.00%	32,003	32,003	16
17	V	19	Accounting		RDR Management	0.00%	320	320	17
18	V	19	Legal		RDR Management	0.00%	44	44	18
19	V	21	Office Supplies		RDR Management	0.00%	91	91	19
20	V	21	Telephone		RDR Management	0.00%	193	193	20
21	V	22	Payroll Taxes		RDR Management	0.00%	5,103	5,103	21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 36,000			$ 69,757	$ * 33,757	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	Michael Greer	Vice President	Owner	25.00	0	14	33.00	Wages	$ 12,000	17-1	1
2	Blain Richard	President	Owner	25.00	0	10	25.00	Wages	12,000	17-1	2
3	Ann Reis	n/a	Owner	25.00	0	0	0.00			17-1	3
4	Dave Reis	Treasurer	Board Member	0.00	0	10	25.00	Wages	12,000		4
5	Michael Brave	Administrator	Administrator	25.00	0	40	100.00	Wages	73,798	17-1	5
6	RDR Mngmt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	6
7	DAR Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	7
8	Greer Mngt	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	19-3	8
9	Brave, Inc.	Management	Management	0.00	0	5	12.00	Mngt Fees	24,000	17-3	9
10	See Attatched List (Pg 28)										10
11											11
12											12
13								TOTAL	$ 205,798		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: RDR Mangement
Street Address: 5617 Albers Road
City / State / Zip Code: Albers, IL 62215
Phone Number: (618-248-5642
Fax Number: (618-248-5905

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Administrative	Management Fee	74,243	3	$ 66,000	$ 66,000	36,000	$ 32,003	1
2	21	Clerical	Management Fee	74,243	3	66,000	66,000	36,000	32,003	2
3	19	Accounting	Management Fee	74,243	3	660		36,000	320	3
4	19	Legal	Management Fee	74,243	3	90		36,000	44	4
5	21	Telephone	Management Fee	74,243	3	398		36,000	193	5
6	22	Payroll Taxes	Management Fee	74,243	3	10,524		36,000	5,103	6
7	21	Office Exp.	Management Fee	74,243	3	188		36,000	91	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 143,860	$ 132,000		$ 69,757	25

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Greer Management
Street Address: 581 Countryside Lane
City / State / Zip Code: Tranton, IL 62293
Phone Number: (618-224-7715
Fax Number: (618-224-7716

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Administrative	Management Fees	119,243	4	$ 37,678	$	36,000	$ 11,375	1
2	21	Clerical Wages	Management Fees	119,243	4	24,839		36,000	7,499	2
3	22	Payroll Taxes	Management Fees	119,243	4	6,323		36,000	1,909	3
4	6	Repairs & Maint	Management Fees	119,243	4	216		36,000	65	4
5	21	Office Supplies	Management Fees	119,243	4	6,466		36,000	1,952	5
6	24	Seminars	Management Fees	119,243	4	1,298		36,000	392	6
7	24	Education	Management Fees	119,243	4			36,000		7
8	21	Telephone	Management Fees	119,243	4	3,945		36,000	1,191	8
9	20	Dues & Subscriptions	Management Fees	119,243	4	1,360		36,000	411	9
10	19	Prof. Fees	Management Fees	119,243	4	2,490		36,000	752	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 84,615	$		$ 25,546	25

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	First National Bank		X	Mortgage	$12,930.02	10/3/01	$ 1,325,000	$ 1,113,163	10/15/06	6.0000	$ 49,375	1
2	First National Bank		X	Refinance	$924.82	01/03/02	100,000	86,949	12/03/06	5.0000	3,475	2
3	First County Bank		X	Auto Loan	$788.00	06/26/99	33,250		06/26/03	6.5000	87	3
4	First National Bank		X	Contruction Loan	Interest	12/19/03	95,000	729	05/19/04	4.0000		4
5	Ford Credit		X	Auto Loan	$633.45	04/03/03	38,007	32,306	04/03/08	o.oooo		5
	Working Capital											
6	Owners	X		Cash Flow	n/a	04/13/97	48,000	400,000	04/13/04	6.5000	26,000	6
7	First National Bank		X	Cash Flow	Interest	10/15/01	350,000	22,000	10/15/04	4.0000	2,724	7
8	See List Attatched										906	8
9	TOTAL Facility Related				$15,276.29		$ 1,989,257	$ 1,655,146			$ 82,567	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,989,257	$ 1,655,146			$ 82,567	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	19,703	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	20,137	2
3. Under or (over) accrual (line 2 minus line 1).	$	434	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	20,137	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	20,571	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	18,861	8
	1999	18,861	9
	2000	18,941	10
	2001	19,607	11
	2002	19,703	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Clinton Manor Living Center COUNTY Clinton

FACILITY IDPH LICENSE NUMBER 0033159

CONTACT PERSON REGARDING THIS REPORT Michael Brave

TELEPHONE 618-588-2066 FAX #: 618-588-4611

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	11-10-18-175-023	Office Building	$ 1,918.06	$ 1,918.06
2.	11-10-18-178-002	Nursing Home	$ 18,219.26	$ 18,219.26
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 20,137.32	$ 20,137.32

B. **Real Estate Tax Cost Allocation**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill whic is normally paid during 2003.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,794 B. General Construction Type: Exterior Brick Frame Wood,Steel, & Conc. Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing Home	26,669	1987	$ 66,000	1
2					2
3	TOTALS	26,669		$ 66,000	3

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	69		1987	1969	$ 594,000	$ 19,800	30	$ 19,800	$	$ 316,804	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	207,844	5
6											6
7											7
8											8
	Improvement Type**										
9	SPRINKLER			1990	3,140	158	20	157	(1)	2,076	9
10	LAND IMPROVEMENT			1992	5,410		10			5,410	10
11	BUILDING IMPROVEMENT			1992	37,505	1,629	20,10	1,620	(9)	23,249	11
12	BUILDING IMPROVEMENT			1992	26,098	1,312	20	1,305	(7)	14,400	12
13	CON			1992	3,000		30	100	100	1,200	13
14	BUILDING IMPROVEMENT			1994	12,580	974	20,10	963	(11)	9,573	14
15	PLUMBING			1995	12,200	613	20	610	(3)	5,302	15
16	LANDSCAPING			1997	1,675	168	10	168		1,103	16
17	BOILER			1997	8,858	1,119	8	1,107	(12)	7,373	17
18	REMODEL OF DINING ROOM			1997	35,389	1,769	20	1,769		10,764	18
19	HEETING/COOLING SYSTEM			1999	13,826	1,384	10	1,383	(1)	5,753	19
20	FIRE ALARM UPGRADE			2001	2,610	261	10	261		544	20
21	FRONT ADDITION			2001	115,835	5,792	20	5,792		12,068	21
22	DINING ROOM REMODEL			2001	84,135	4,207	20	4,207		8,766	22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,467,567	$ 56,282		$ 56,286	$ 4	$ 632,229	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 147,212	$ 16,874	$ 16,874	$		$ 91,087	71
72	Current Year Purchases	42,660	1,752	1,752		10	1,752	72
73	Fully Depreciated Assets	240,802				10	240,794	73
74								74
75	TOTALS	$ 430,674	$ 18,626	$ 18,626	$		$ 333,633	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	88 Van w/Lift	1992	$ 14,514	$	$	$	5	$ 14,514	76
77	Facility	95 Buick Roadmaster	1997	20,895				5	20,895	77
78	Facility	Station Wagon	1993	8,401				5	8,401	78
79	See List	See List	See List	78,226	13,620	13,620		5	40,652	79
80	TOTALS			$ 122,036	$ 13,620	$ 13,620	$		$ 84,462	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,086,277	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 88,528	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 88,532	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 4	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,050,324	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Office Building	$ 45,776	$ 1,526	$ 10,046	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 45,776	$ 1,526	$ 10,046	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 962 Description: Dishwasher Rental/U-haul Rental for Furniture bought
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care	10-3	visits		96	3,103		96	3,103	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		221	11,013		221	11,013	10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	317	$ 14,116	$	317	$ 14,116	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2003 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (126,999)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	898,743		3
4	Supply Inventory (priced at Fifo)	19,557		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,325		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 810,626	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	31,397		12
13	Land	116,387		13
14	Buildings, at Historical Cost	2,050,349		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	565,101		16
17	Accumulated Depreciation (book methods)	(1,208,117)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp C-I-P	8,172		22
23	Other(specify): Load Origination Fees	4,923		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,568,212	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,378,838	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 83,415	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	26,000		29
30	Accrued Salaries Payable	151,241		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,403		31
32	Accrued Real Estate Taxes(Sch.IX-B)	31,478		32
33	Accrued Interest Payable	3,081		33
34	Deferred Compensation	8,500		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Withheld Payroll Items	5,781		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 311,899	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	519,984		39
40	Mortgage Payable	1,379,012		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,898,996	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,210,895	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 167,943	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,378,838	$	48

***(See instructions.)**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 176,593	1
2	Restatements (describe):		2
3	**Prior Period Adjustments**	1,800	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 178,393	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	119,366	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(147,733)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Income/(Loss) From Rental Properties**	17,917	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (10,450)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 167,943	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,416,811	1
2	Discounts and Allowances for all Levels	(35,507)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,381,304	3
	B. Ancillary Revenue		
4	Day Care	4,600	4
5	Other Care for Outpatients		5
6	Therapy	123,507	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 128,107	8
	C. Other Operating Revenue		
9	Payments for Education	6,950	9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	12,818	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,285	14
15	Telephone, Television and Radio	92	15
16	Rental of Facility Space		16
17	Sale of Drugs	14,825	17
18	Sale of Supplies to Non-Patients	(558)	18
19	Laboratory	982	19
20	Radiology and X-Ray	1,087	20
21	Other Medical Services	211	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 37,692	23
	D. Non-Operating Revenue		
24	Contributions	25	24
25	Interest and Other Investment Income***	704	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 729	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Income Vehicle Use**	9,665	28
28a	**See List Attatched**	113,329	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 122,994	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,670,826	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	649,744	31
32	Health Care	1,817,787	32
33	General Administration	766,835	33
	B. Capital Expense		
34	Ownership	214,130	34
	C. Ancillary Expense		
35	Special Cost Centers	58,617	35
36	Provider Participation Fee	44,347	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,551,460	40
41	**Income before Income Taxes (line 30 minus line 40)****	119,366	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 119,366	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	3,882	4,244	$ 95,743	$ 22.56	1
2	Assistant Director of Nursing	3,912	4,080	73,131	17.92	2
3	Registered Nurses	1,539	1,667	32,071	19.24	3
4	Licensed Practical Nurses	14,716	15,689	248,249	15.82	4
5	Nurse Aides & Orderlies	16,827	17,749	187,988	10.59	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,793	1,896	20,962	11.06	9
10	Activity Assistants					10
11	Social Service Workers	5,021	5,266	70,508	13.39	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,767	2,166	27,733	12.80	14
15	Cook Helpers/Assistants	8,162	8,754	74,276	8.48	15
16	Dishwashers	7,795	8,163	47,868	5.86	16
17	Maintenance Workers	3,047	3,427	41,947	12.24	17
18	Housekeepers	10,584	11,514	94,997	8.25	18
19	Laundry	6,896	7,193	51,831	7.21	19
20	Administrator	1,814	2,088	73,798	35.34	20
21	Assistant Administrator					21
22	Other Administrative			36,000		22
23	Office Manager					23
24	Clerical	6,013	6,747	89,109	13.21	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,254	7,006	89,769	12.81	28
29	Resident Services Coordinator	1,787	2,088	57,333	27.46	29
30	Habilitation Aides (DD Homes)	56,788	59,789	561,741	9.40	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Transportation	2,039	2,141	18,776	8.77	33
34	TOTAL (lines 1 - 33)	160,636	171,667	$ 1,993,830 *	$ 11.61	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	121	$ 5,626	1-3	35
36	Medical Director	36	4,800	9-3	36
37	Medical Records Consultant	24	840	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Contract	1,800	39-3	39
40	Physical Therapy Consultant	Contract	94,507	10a-3	40
41	Occupational Therapy Consultant	Contract	50,620	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	Contract	6,717	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant	39	2,082	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	220	$ 166,992		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	93	$ 4,015	10-3	50
51	Licensed Practical Nurses	1,777	54,018	10-3	51
52	Nurse Aides	3,344	63,140	10-3	52
53	TOTAL (lines 50 - 52)	5,214	$ 121,173		53

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michael Brave	Administrator	25	$ 73,798
Grant Greer			1,893
Genni Greer			1,352
Dave Reis	Owner	25	12,000
Blain Richard	Owner	25	12,000
Michael Greer	Owner	25	8,755
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 109,798

B. Administrative - Other

Description	Amount
Brave Mangement	$ 24,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 24,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Giffen, Winning, Bodewes	Legal	$ 1,361
Roe Abstract & Title	Title Search	368
Hartford	Benefit Administration	775
Bev. Froemling	A/R Consulting	90
Greer Management	Management	24,000
WDM Computer Svcs	Data Processing	16,989
CMS	Medicare Billing	747
RDR Management	Management	24,000
DAR Management	Management	24,000
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 92,330

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 65,964
Unemployment Compensation Insurance	19,616
FICA Taxes	144,887
Employee Health Insurance	72,319
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Vacation Accrual Increase	2,245
401 (k) Match	2,020
Deffered Compensation	8,500
TOTAL (agree to Schedule V, line 22, col.8)	$ 315,551

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	13,972
Health Care Worker Background Check	623
(Indicate # of checks performed)	
Drug Testing	3,632
IARF Dues	2,421
LTCNA Membership	70
LNHA Fees	306
LSW Fees	63
See List Attatched	23,681
Less: Public Relations Expense	(21,458)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 23,310

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See List	7,417
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,417

**See instructions.

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Clinton Manor Living Center # 0033159 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. IARF $2421

(3) Did the nursing home make political contributions or payments to a politica action organization? NO If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 2,319 Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 44,347
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 0 Has any meal income been offset against related costs? YES Indicate the amount. $ 1,285

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? YES If YES, please indicate the amount of income earned from such a program during this reporting period. $ 9,665

c. What percent of all travel expense relates to transportation of nurses and patients? 75

d. Have vehicle usage logs been maintained? YES

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

Clinton Manor Living Center, Inc.
01/01/03 thru 12/31/03
0033159

The following is a breakdown of Schedule V Line 6 Column 3

Repairs & Maint. Dietary	$2,738.89
Repairs & Maint. Laundry	$1,891.79
Repairs & Maint. Housekeeping	$525.64
Repairs & Maint. Equipment	#########
Repairs & Maint. Ground	$4,331.43
Repairs & Maint. Building	#########
Repairs & Maint. Wheelchairs	$284.64
Repairs & Maint. Outside services	#########
Repairs & Maint. Gen/Amdin.	$0.00
Storage Rental	$875.50
	#########

The following is a breakdown of Schedule V Line 21 Column 3

Printing	$907.67
Postage	$3,879.26
Software Support	$1,980.00
In-house Data Processing	$0.00
Copier	$3,853.74
Telephone	#########
	#########

The following is a breakdown of Schedule V Line 36 Column 3

Sales Tax	$430.00
State Replacement Tax	$2,231.00
Contributions	$500.00
Bank & servive fees	$1,919.55
Amortization of Loan Costs	$1,967.28
Bad Debt Expense	#########
Political Contributions	$0.00
	#########

The following is a breakdown of Schedule XVII Line 28a

CSS Labor: Admin. Program	#########
CSS Labor: Admin. Assist.	#########
CSS Labor: Nursing Labor	#########
CSS Labor: Maintenance	$382.50
Misc. Revenue	$1,108.03
Office Lease	#########
Rebates	$185.34
Discounts	$378.80
In-House Day Training Revenue	#########
Gain/Loss on Sale of Asset	$4,000.00
	#########

The following is a breakdown of Schedule XIX, Section F

Promotion/Public Relations	#########
Sec. Of State Auto Fees	$693.00
Dir. Of Nursing Assoc. Membership	$60.00
Chamber of Commerce Dues	$25.00
US Senior News Subscription	$150.00
Pet License Fee	$70.00
Sam's Club Dues	$300.00
The ARC of Illinois Membership	$250.00
Dietary Managers Assoc. Dues	$117.00
AAMR Dues	$67.50
Misc. Subscriptions/Magazines	$385.66
	#########

Schedule XIII, Section A.

Cna's are responisbile for their own training and testing.

Clinton Manor Living Center, Inc.
01/01/03 thru 12/31/03
0033159

The following is a breakdown of Schedule V Line 23 Column 3

Vendor	Purpose	Expense
Continental Testing Service	Administrators Exam Fee	$446.85
National Institute of Busines:	HIPAA Manual	$49.00
G. Neil Companies	Compensation Law Guide	$36.10
New Baden Market	Food for In-Service	$29.84
New Baden Market	Food for In-Service	$31.21
Holly Szopinksi	Food for CPR Inservice	$23.74
Yai Video Tapes	HIPAA training videos	$49.00
Patty Cash	Lunch for QA/Safety Committee	$95.85
Holly Szopinksi	Mannequin for CPR training	$20.00
Michael Brave	Meal @ free HIPPA Training Se:	$9.64
Advanta Business Card	Info from National Fire Prote	$66.45
Washington County Health Dept	CPR Instruction booklet	$50.00
Washington County Health Dept	CPR Materials	$40.00
Washington County Health Dept	CPR Cards	$40.00
Channing Bete Co.	First Aid Instruction booklet:	$109.97
Cherry Hill Book Store	Book for DD training	$26.95
G. Neil Companies	Wage & hour law book	$92.94
Crystal Leonard	DSP training supplies	$2.00
Eymann Publishing	Book for training ideas	$75.00
The Heart Care	Training materials & booklets	$275.00
Nasco International	Food In-service supplies	$199.41
Aspen Publishing Inc.	Human Resource Reference book	$143.74
L. Mattson	Stress Mngmt In-service suppl:	$50.00
Sam's	Food for in-service	$50.03
Sam's	food for QA in-service	$145.10
Aspen Publishing Inc.	OSHA guide	$183.42
Rodale Books	In-service Book	$38.72
		$2,379.96

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Schedule V, Line 24 Column 3

Date	Seminar	Location	Who Attended	Regist.	Mileage/ Auto Exp.	Meals	Hotel	Total
3-Sep	Illinois AAMR Meeting	Bloomington	Michael Brave	$90.00		$41.82	$94.64	**$226.46**
16-Aug	Basic Training in Social Services	Fairwview Height	Mora Jackson	$125.00	$20.00	$8.00		**$153.00**
9-Sep	Assurance Insurace Seminar	Bloomington	Michael Brave	$75.00				**$75.00**
16-Sep	IHCA	Peoria	Michael Brave Cheryl Smith Darla Loomis	$180.00		$22.70	$188.44	**$391.14**
3-May	AAMR	Chicago	Michael Brave Jim Lopresto Michelle Highes Holly Szopinski	$598.00	$379.80	$344.30	$724.43	**$2,046.53**
3-Apr	Outcome Training for Act. Director	Fairview Heights	Heather Lohman	$135.00				**$135.00**
3-Oct	Dietary Managers Meeting	Maryland Heigths	Marie Holtgrave Debbie Norbect	$300.00				**$300.00**
3-Apr	Workmen's Compensation in IL	Mt. Vernon	Joan Varel	$0.00	$18.00	$15.00		**$33.00**
14-Oct	Mental Health & the Law	Mt. Vernon	Joan Varel	$155.00	$26.10	$10.01		**$191.11**
3-Apr	Beyond the Basics in Activities	Fairview Heights	Heather Lohman	$65.00				**$65.00**
12-Mar	N. IL DD Nursing Association	Utica	Holly Szopinski	$0.00	$132.00	$20.88	$70.40	**$223.28**
6-Mar	Illinois Mental Health-new reimburs	Mt. Vernon	Darla Loomis Cheryl Smith	$85.00	$41.10			**$126.10**
30-Oct	The Cook's Workshop	Maryland Heights	Debbie Norbeck Shelia Easterly	$150.00				**$150.00**
28-Oct	What's new in Infectious Diseases	Springfield, MO	Holly Szopinski Jennifers Vorhees	$180.00	$79.50	$8.45		**$267.95**
22-Jul	The SS role in Maintaining OBRA	St. Louis, MO	Heather Lohman Mara Jackson	$298.00				**$298.00**
14-Oct	Food Handling Course	Breese	Margie Holtgrave	$25.00				**$25.00**
18-Aug	Restorative Nursing Process	Mt. Vernon	Cheryl Smith Darla Loomis	$298.00				**$298.00**
9-Jul	Putting Together the Pieces of the	Champaign	Crystal Loenard	$140.00	$105.00	$17.06	$137.64	**$399.70**
9-Jul	AAMR Training Seminar	East St. Louis	Michael Brave April Sitton Michelle Hughes Jodi Mayes Susan Hunter Darla Loomis Stacey Mayes Margie Holtgrave Rite Hicks Thyra Jones Cheryl Smith Sharon Pfeiffer Heather Lohman Crystal Leonard Mara Jackson Kelly Koontz Rosie Williams Sare Kuhn	$1,440.00				**$1,440.00**
26-Sep	AAMR Conference	Naperville	Jim Lopresto Michael Brave	$0.00			$131.38	**$131.38**
1-Jun	Omnibudsmen Conference	Fairview Heights	Micheal Brave	$0.00	$10.00			**$10.00**
3-Sep	RN Training Seminar	Mt. Vernon	Cheryl Smith Darla Loomis	$400.00	$21.24			**$421.24**
12-Mar	Breakfast Meeting with Consultant	St. Louis, MO	Michael Brave	$0.00	$0.00	$10.52		**$10.52**
								$7,417.41

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Schedule VII Attatchment

Name	Function	Nursing Home	Ownership Interest	Compensation from other Nursing Homes	Compensation Included in Costs for this Reporting Period Descripti	Amount	Sch. V, Line & Column
RDR Management	Management	St. Ann's Healthcare Ctr.	0	36000			
Greer Management	Management	St. Ann's Healthcare Ctr.	0	36000			
Greer Management	Management	O'Fallon Healthcare Ctr.	0	33020			
Mike Greer	Owner	O'Fallon Healthcare Ctr.	100	0			
Mike Greer	Owner	St. Ann's Healthcare Ctr.	26	0			
Gail Greer	Owner	St. Ann's Healthcare Ctr.	24	0			
Roger Richard Marital Trust	Owner	St. Ann's Healthcare Ctr.	19	0			
Blain Richard	Owner	St. Ann's Healthcare Ctr.	31	0			
Dar Mngt	Management	Southern Illinois Comm. Suppor	0	14223			
Greer Management	Management	Southern Illinois Comm. Suppor	0	14223			
Advanced Options	Management	Southern Illinois Comm. Suppor	0	14223			
RDR Management	Management	Southern Illinois Comm. Suppor	0	14223			

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The following is a breakdown of the reclassifications:

1. $20.00 From line 19 to Line 6 Due to Copy of Land Plat being coded incorrectly

2. $105.00 From line 10a to Line 20 due to res. Expense being coded to therapy.

3 $166.00 From line 14 to line 12 due to consultant services being coded to auto exp.

4 $421.00 From line 23 to line 24 due to seminar expenses being coded to in-service training.

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Schedule IX, Working Capital

Name of Lender	Related	Purpose of Loan	Monthly Payment	Date of Nc	Original Amt	Balance	Maturity Date	Interest Rate	Reporting Period Interest Exp.
First National Bank	No	Cash Flow	$2,088.21	2/8/2002	$22,320.00	$0.00	1/8/2003	Various	$1.96
First National Bank	No	Cash Flow	$4,016.04	1/12/2003	$44,100.00	$4,000.00	1/12/2004	Various	$903.81
					$66,420.00	$4,000.00			$905.77